STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JAN 2 5 2019

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Ashley Cala	brese		
II. Name of lobbyist's partnership, firn	or corporation, if any:		
Novartis Services, Inc.	,		
(Name of partnership, firm	n or corporation)		
219 Western Avenue, Unit #S421	Allston	MA	02134
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(202)410-7936 ()	e-mail ashley.c	alabrese@novartis.co
(Telephone)	(Fax)		
III. This statement covers: (Choose one reportable expense transactions which			y file a separate report
☐ All reportable transactions occurring	in the months prior to the	reporting date relative to the	e following client:
Novartis Services, Inc.			
•	nt as it appears on the Lobby	rist Registration Form)	
OR All reportable transactions by the lobb unrelated to any particular client.	yist (including the lobbyi	st's family), or the lobbying	firm listed below which
IV. Date of Report April 25, 2018 [Reports cover: activity from date of regis		July 25, 2018 vity from 4/1/18 to 6/30/18	
October 31, 201 activity from 7/1/18		January 30, 2019 🛭 activity from 10/1/18 to 12/31/	18
V. There have been no fees received If this box is checked, complete just this for Concord, NH 03301.			
VI. Check if additional reports are atta	ched:		
Lyou have received fees or made expendi		ndum A- Fees and Expense	es
If you have paid an honorarium or reim Expense Reimbursement	bursed expenses, you mu	st file Addendum B – Repor	t of Honorariums or
If you, your firm, or your family has m	ade political contribution	s, you must file Addendum	C- Political Contribution
Sworn Statement/Affirmation by Lobb I have read RSA 15, RSA 15-B, RSA 14- and complete to the best/of my knowledg (Signature of lobby/ist) Ashley Calabrese (Print Name of lobbyist)	C and RSA 664 and here	by swear or affirm that the form $\frac{1}{2}$ (Date	oregoing information is to